



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Shimola, et al.  
For : Wire Pass Through Seal with Grommets  
Serial No. : 10/620,823  
Filed : July 16, 2003  
Gr. Art Unit : 2831  
Our Docket : ESCZ 2 00163

Cleveland, Ohio 44114

**SUBMISSION OF DRAWINGS**

Attn: Drawing Review Branch  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please substitute the enclosed two (2) sheets of drawings for the drawings presently on file in the above-identified patent application.

Respectfully submitted,

FAY, SHARPE, FAGAN,  
MINNICH & MCKEE, LLP

JAMES W. MCKEE (Reg. No. 26,482)  
1100 Superior Avenue, 7th Floor  
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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 10-15-04

(SIGNATURE)

NANCY M. GRAMS

AMENDMENT TRANSMISSION  
INDIVIDUAL & SMALL BUSINESSES  
DOCKET NO. ESCZ 2 00163

In re application of: Shimola, et al.

Serial No: 10/620,823

Filed: **OCT 18 2004** 07/16/03

For: **WIRE PASS THROUGH SEAL WITH GROMMETS**

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	28	Minus	** 28	-0-	\$9	-0-
Indep. Claims	4	Minus	*** 3	1	\$44	\$44.00
			Total Additional Fee For this Amendment --->			\$44.00

- \* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5  
\*\* If the "Highest No. Previously Paid For" is less than 20 write "20".  
\*\*\* If the "Highest No. Previously Paid For" is less than 3 write "3".

X A check in the amount of \$ 44.00 to cover the Filing Fee is enclosed.

X **General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees.** Should any additional fees be required in connection with this application, **during the entire pendency of the application**, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

FAY, SHARPE, FAGAN, MINNICH & McKEE

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P.O. Box 1450, Alexandria, VA 22313-1450  
on 10-15-04

Nancy M. Grams  
(SIGNATURE)  
NANCY M. GRAMS

By: [Signature]  
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